

THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 163  
Registered No. 80

1. PLACE OF BIRTH

County Gila State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jack Hoyt Brown { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. Legitimate? Yes 7. Date of birth Nov 2 1927  
Month Day Year

8. FATHER Full name Malvin R. Brown 14. MOTHER Full maiden name Berlin Draper

9. Residence (Usual place of abode) Hayden 15. Residence (Usual place of abode) Hayden  
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 35 (Years) 16. Color or race White 17. Age at last birthday 38 (Years)

12. Birthplace (city or place) Rome 18. Birthplace (city or place) Rome  
(State or country) Georgia (State or country) Georgia

13. Occupation Carpenter 19. Occupation Housewife  
Nature of Industry Nature of Industry

20. Number of children of this mother \_\_\_\_\_ (a) Born alive and now living 6  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Charles H. Smith (Physician or Midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Hayden, Ariz

Month, day, year \_\_\_\_\_ Filed Nov 5, 1927 Registrar W. D. Dyer

125-1102-249